

Delegated Request for Disclosure, etc., of Personal Information

Date: _____

For submission to:

Compliance and Legal Affairs Section, General Affairs Department, MARUI GROUP CO., LTD.

I (delegator) hereby name the following proxy and assign them the task of requesting that MARUI GROUP take the following actions with regard to my personal information.

1. Delegator

Name
Address

2. Proxy

Name
Address

3. Requested Actions (Check all that apply)

- Notification of purpose of use of possessed personal information
- Disclosure of possessed personal information
- Revision, addition, or deletion of possessed personal information
- Ceased use or deletion of possessed personal information
- Ceased provision of possessed personal information to third parties

Please submit proof of identification as follows for use in verifying the identity of the proxy.

Required Proof of Identification

- One (1) piece of identification with photograph (driver's license, passport, Individual Number Card, residence card, special permanent resident certification, etc.)
- or
- Two (2) pieces of identification without photograph (health insurance enrollment card, pension record book, etc.)